** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2023 calendar year, or tax year beginning JU	L 1, 2023 and	ending ਹਾ	JN 30,	2024				
	heck if oplicable	C Name of organization			D Emp	oloyer identi	fication number			
	Addres	FEEDING AMERICA EASTERN WISCONSIN	INC.							
	Name change		,		1 :	39-138459	3			
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number					
	Final return/	1700 W. FOND DU LAC AVENUE	,			414-931-7400				
	termin- ated	City or town, state or province, country, and 2	G Gross	receipts \$	90,443,980.					
	Amend return				H(a) Is	this a group	return			
	Application	F Name and address of principal officer: FATAL	CIA M. HABECK		1	r subordinate				
	pendin	SAME AS C ABOVE			H(b) Are	all subordinates	s included? Yes No			
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	lf "	'No," attach	a list. See instructions			
	Vebsit				H(c) Gr	oup exempt	ion number			
			sociation Other	L Year	of formatio	on: 1982	M State of legal domicile; WI			
Pa	rt I	Summary								
a	1	Briefly describe the organization's mission or most	significant activities: TO SOL	VE HUNGER	l					
Š										
Governance			tinued its operations or dispos	sed of more	than 25%	6 of its net a	1			
8		Number of voting members of the governing body (
∞ ⊗		Number of independent voting members of the gov								
<u>e</u> s		Total number of individuals employed in calendar ye					2051			
Activities		Total number of volunteers (estimate if necessary)								
٩c		Total unrelated business revenue from Part VIII, col								
\dashv	р	Net unrelated business taxable income from Form S	990-1, Part I, line 11	·····		7 r Y ear	Current Year			
	0	Contributions and grants (Part VIII line 1b)				7,794,883				
<u>e</u>		D				1,270,267				
Revenue		Program service revenue (Part VIII, line 2g)	and 7d\			9,886				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				164,173				
		Fotal revenue - add lines 8 through 11 (must equal I			7	9,239,209				
\neg		Grants and similar amounts paid (Part IX, column (A				5,400,697				
		Benefits paid to or for members (Part IX, column (A)				0	 			
,		Salaries, other compensation, employee benefits (P				5,960,032	6,863,170.			
Expenses		Professional fundraising fees (Part IX, column (A), lii				549,851				
per		Total fundraising expenses (Part IX, column (D), line								
Ш		Other expenses (Part IX, column (A), lines 11a-11d,				6,269,052	9,645,902.			
		Total expenses. Add lines 13-17 (must equal Part IX			7	8,179,632	. 92,330,006.			
		Revenue less expenses. Subtract line 18 from line 1	2		:	1,059,577	1,960,269.			
Net Assets or Fund Balances				Ве	ginning of	Current Year				
sets	20	Total assets (Part X, line 16)				6,050,286				
TAS DEB	21	Total liabilities (Part X, line 26)				2,404,314				
켪	22	Net assets or fund balances. Subtract line 21 from	ine 20		2	3,645,972	. 22,423,239.			
	rt II	Signature Block								
		ties of perjury, I declare that I have examined this return,					ny knowledge and belief, it is			
true,	correc	a, and complete. Declaration of preparer (other than office	r) is based on all information of wr	lich preparer	nas any ki	nowieage.				
<u> </u>		Signature of officer				Date				
Sigr		PATRICIA M. HABECK, CEO				Duto				
Here	€	Type or print name and title								
			Dranarar's cianatura	Ιſ	Date	Check	PTIN			
Paid	ļ	Print/Type preparer's name FROY MARINE, CPA	Preparer's signature PROY MARINE, CPA		1/11/24	if				
r aiu Prep		Firm's name BAKER TILLY ADVISORY GROUP	,	<u></u>	T	Firm's EIN	39-0859910			
Use		Firm's address 790 N. WATER ST., SUITE 20	,			I IIIII O LIIV				
330	,	MILWAUKEE, WI 53202				Phone no 41	4.777.5500			
Mav	the IF	S discuss this return with the preparer shown above	re? See instructions		L		X Yes No			

	990 (2023) FEEDING AMERICA EASTERN WISCONSIN, INC.	39-1384593 Pag	e 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO SOLVE HUNGER.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.	Yes X I	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, revenue if any, for each program service reported.	the total expenses, and	
4a	(Code:) (Expenses \$ 88,312,969. including grants of \$ 75,175,203.) (Revenue S FEEDING AMERICA EASTERN WISCONSIN, INC. SOLICITS FOOD DONATIONS AND	1,981,377	<u>·</u>)
	MONETARY CONTRIBUTIONS TO FEED THE HUNGRY, FOOD DONATIONS ARE		
	DISTRIBUTED TO QUALIFIED NON-PROFIT PROGRAMS THAT DIRECTLY FEED HUNGRY		
	CHILDREN, FAMILIES, AND INDIVIDUALS. FEEDING AMERICA EASTERN WISCONSIN,		
	INC. ALSO RECEIVES DONOR DESIGNATED FUNDS THAT SUPPORT SPECIAL PROJECTS		
	SUCH AS SCHOOL PANTRIES, KIDS CAFES, AND MOBILE PANTRIES WHICH PROVIDE		
	WHOLESOME AND NUTRITIOUS FOOD TO CHILDREN, FAMILIES AND INDIVIDUALS.		
4b	(Code:) (Expenses \$) (Revenue \$	\$)
4c	(Code:) (Expenses \$) (Revenue S	\$)
4d	Other program services (Describe on Schedule O.)		
- u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 88,312,969.		_
	·	Form 990 (20	123

39-1384593

Form 990 (2023) FEEDING AMERICA EASTERN WISCONSIN, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
7		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>. </u>		
.5	,	19		x
20a	complete Schedule G, Part III	20a		X
zua b		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	domoctio government on traitive, column (-y, interit ii res. complete scriedule i. Parts I and II	41		

332003 12-21-23

Form	1 990 (2023) FEEDING AMERICA EASTERN WISCONSIN, INC. 39-138	34593	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,,	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
L	Schedule K. If "No," go to line 25a			_ A
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	,		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1		Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	•		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
0-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	х	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Δ	I
	Check if School to Contains a response or note to any line in this Bart V			
	Check if Schedule O contains a response of note to any line in this Part v		Yes	No

	Check if Generalic G contains a response of note to any line in this rare v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	71			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		
32004	12-21-23			Form	990 (2023)

332004 12-21-23

19351111 144198 67968

39-1384593

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 118			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
b			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	l I	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•			
•			8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a b			9b		
10	Section 501(c)(7) organizations. Enter:		30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	152	1		
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities the section 501(c)(21) organizations.				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer director trustee or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū		3		х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- 0		
7a		7.		х
	more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.,
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LUE HANG - 414-831-6306			
	1700 W. FOND DU LAC AVE., MILWAUKEE, WI 53205			

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck	c) ition more rson i		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) PATRICIA M. HABECK CEO	40.00			х				210,000.	0.	5,778.
(2) SCOTT MARSHALL	40.00							, .	-	, -
VP OF DEVELOPMENT AND COMMUNICATIONS		1				x		127,745.	0.	18,298.
(3) MAUREEN FITZGERALD	40.00							,		,
VP OF PROGRAMS		1				x		131,368.	0.	12,417.
(4) JEFFREY JOSLYN	40.00									-
VICE PRESIDENT OF OPERATIONS						х		142,490.	0.	998.
(5) STEVEN LANGE	40.00									
VP OF HUMAN RESOURCES						х		128,113.	0.	3,938.
(6) ELIZABETH WOLLENBERG, VP	40.00									
OF REGIONAL STRATEGY AND RESOURCE DE						Х		128,361.	0.	3,315.
(7) LUE HANG	40.00									
CFO				Х				75,566.	0.	2,553.
(8) SALLY PIEFER	2.00									
DIRECTOR/CHAIRMAN		Х		Х				0.	0.	0.
(9) SCOTT KOLSKY	2.00									
DIRECTOR/VICE CHAIR		Х		Х				0.	0.	0.
(10) BARCLAY FERGUSON	2.00									
DIRECTOR/TREASURER		Х		Х				0.	0.	0.
(11) ADAM LANDSVERK	2.00									
DIRECTOR		Х						0.	0.	0.
(12) ANDREW JONES	2.00	1								
DIRECTOR		Х						0.	0.	0.
(13) ANIL TIWARI	2.00	-								
DIRECTOR		Х						0.	0.	0.
(14) ARVIND GOPALRATNAM	2.00									
DIRECTOR		Х						0.	0.	0.
(15) CALVIN MCMULLEN	2.00	-						_	_	_
DIRECTOR	2 22	Х			_	_		0.	0.	0.
(16) CINDA STRICKLEN	2.00									_
DIRECTOR	0.00	Х						0.	0.	0.
(17) DAVID NELSON	2.00								_	_
DIRECTOR		Х						0.	0.	0. Form 990 (2022)

Form **990** (2023) 332007 12-21-23

D 1 MI	ERICA EASTERN								39-138459	3 Page C
Part VII Section A. Officers, Directors, T		oloy	ees,			ghes	t Co		s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable	Estimated
	hours per week					is both or/trus		compensation	compensation	amount of
	(list any					Π	I,	from the	from related organizations	other compensation
	hours for	ndividual trustee or director				Ļ		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidual	tutior	Je.	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(18) DENISE THOMAS	2.00									
DIRECTOR		Х						0.	0.	0.
(19) ELLEN TRYTEK	2.00									
DIRECTOR		Х						0.	0.	0.
(20) JENNIFER LACROSSE	2.00									
DIRECTOR		Х						0.	0.	0.
(21) MARK BEHRENS	2.00									
DIRECTOR		Х						0.	0.	0.
(22) MIKE SPRANG	2.00									
DIRECTOR		Х						0.	0.	0.
(23) PAOLA QUIROZ	2.00									
DIRECTOR		Х						0.	0.	0.
(24) REBECCA VILLEGAS	2.00									
DIRECTOR		Х						0.	0.	0.
(25) SHERRY ZHANG	2.00									
DIRECTOR		Х						0.	0.	0.
(26) TOM FAUGHNAN	2.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								943,643.	0.	47,297.
c Total from continuation sheets to Par	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								943,643.	0.	47,297.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TRUESENSE		
PO BOX 641114, PITTSBURGH, PA 15264-1114	DIRECT MAIL/MARKETING FIRM	645,731.
2 Total number of independent contractors (including but not limited to those l	listed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form 990 FEEDING AMER. Part VII Section A. Officers, Directors, True	ICA EASTERN	WI	SCO	NSI	N,	INC			39-13845	593
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd F	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	c) ition that	app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) TOM PUTZER	2.00									
DIRECTOR		Х						0.	0.	0,
Total to Part VII, Section A, line 1c										

39-1384593

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 208,014. c Fundraising events 1c d Related organizations 1d 3,556,546. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 84,371,364 1f 66,619,930. g Noncash contributions included in lines 1a-1f 88,135,924. h Total. Add lines 1a-1f **Business Code** 624200 2 a PURCHASED PRODUCT 1,981,377. 1,981,377. Program Service Revenue b f All other program service revenue 1,981,377. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 54,719 54,719 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 208,014. of contributions reported on line 1c). See Part IV, line 18 145,968. **b** Less: direct expenses 74,243. 71,725 71,725. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISC. REVENUE 624200 125,992, 125,992. b **d** All other revenue 125,992, e Total. Add lines 11a-11d 90,369,737. 1,981,377. 252,436. **12 Total revenue**. See instructions

332009 12-21-23

39-1384593

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	425,250.	425,250.		
	Grants and other assistance to domestic individuals. See Part IV, line 22	74,749,953.	74,749,953.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	293,896.	205,727.	35,268.	52,901
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,386,089.	3,521,708.	646,328.	1,218,053
	Pension plan accruals and contributions (include		_		
	section 401(k) and 403(b) employer contributions)	93,023.	65,116.	11,163.	16,744
	Other employee benefits	642,989.	450,092.	77,159.	115,738
0	Payroll taxes	447,173.	313,021.	53,661.	80,491
	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	53,868.		53,868.	
	Lobbying	CAE #21			CAE = 2.2
	Professional fundraising services. See Part IV, line 17	645,731.			645,731
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	408,806.	280,026.	47,268.	81,512
	Advertising and promotion	379,693.	241,250.	50,195.	88,248
	Office expenses	146,832.	102,782.	17,620.	26,430
	Information technology	110,002.	102,702.	17,020.	20,100
	Royalties	1,080,104.	957,221.	104,113.	18,770
	Occupancy	1,000,101.	337,221.	101,110.	10,770
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Int	61,495.	56,641.	1,713.	3,141
	Payments to affiliates	, ,	,	, -	,
	Depreciation, depletion, and amortization	849,841.	781,854.	59,489.	8,498
	Insurance	188,283.	162,363.	22,217.	3,703
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	PURCHASED PRODUCT AND P	3,688,089.	3,686,986.	1,103.	
-	SPECIAL PROJECTS	1,476,368.	1,471,196.	,	5,172
~	TRANSPORTATION AND VEHI	573,759.	556,681.	16,581.	497
	FUND DEVELOPMENT	378,993.			378,993
	All other expenses	359,771.	285,102.	27,623.	47,046
	Total functional expenses. Add lines 1 through 24e	92,330,006.	88,312,969.	1,225,369.	2,791,668
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X Balance Sheet

Part	A	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X		<u>.</u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,174,862.	1	1,625,57
	2	Savings and temporary cash investments			752,468.	2	1,231,45
	3	Pledges and grants receivable, net			2,979,358.	3	592,44
	4	Accounts receivable, net			299,991.	4	564,45
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			861,539.	8	243,11
₹	9	B			127,974.	9	83,81
1	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	18,382,175.			
	b	Less: accumulated depreciation	. 10b	9,196,176.	9,691,683.	10c	9,185,99
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line	e 11			12	
1	13	Investments - program-related. See Part IV, lin	e 11			13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11	10,162,411.	15	10,442,72		
_ 1	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	33)	26,050,286.	16	23,969,58
1	17	Accounts payable and accrued expenses	1,200,584.	17	650,90		
1	18	Grants payable		18			
1	19	Deferred revenue			245,567.	19	121,09
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
တ္က 2	22	Loans and other payables to any current or fo	rmer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	ostantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	iese pers	ons		22	
- 2	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
2	24	Unsecured notes and loans payable to unrelate	ted third p	oarties		24	
2	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			958,163.	25	774,343
_ 2	26	Total liabilities. Add lines 17 through 25			2,404,314.	26	1,546,34
,		Organizations that follow FASB ASC 958, c	heck her	e X			
<u> </u>		and complete lines 27, 28, 32, and 33.					
[] 결	27				18,438,763.	27	16,208,473
2	28	Net assets with donor restrictions			5,207,209.	28	6,214,76
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
<u>-</u>		and complete lines 29 through 33.					
2 2	29	Capital stock or trust principal, or current fund				29	
9 3	30	Paid-in or capital surplus, or land, building, or				30	
- -	31	Retained earnings, endowment, accumulated			00 01- 0	31	00.000
	32	Total net assets or fund balances			23,645,972.	32	22,423,23
3	33	Total liabilities and net assets/fund balances			26,050,286.	33	23,969,580 Form 990 (202

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	90	,369,	737.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,330,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,960,	269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	,645,	972.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		737,	536.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	22	,423,	239.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			-	ΩΩΩ	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

	FEEDING AMERICA EASTERN WISCONSIN, INC. 39-							39-1384593
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The organ	nization is not a private found							
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz					•	Enter t	the hospital's name,
	city, and state:					· · · · · · · · · · · · · · · · · · ·		,
5	An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit de	scribe	d in
	section 170(b)(1)(A)(iv). (0		,		, 5			
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	_					neral n	ublic described in
• 📖	section 170(b)(1)(A)(vi). (C	•	iniai part of ito support ii	om a gove	mmontai	ariit or ironn the ger	iciui p	abile described in
8	A community trust describe		(1)(A)(vi) (Complete Part	· II \				
9 🗆	An agricultural research org				ed in coni	ınction with a land-	arant a	college
у	or university or a non-land-	-			-		-	-
	university:	grant conege or agric	altare (see instructions).	Litter tile i	iarric, city	, and state of the ot	ollege	OI .
10 X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ns membershin fee	e and	aross receints from
	activities related to its exen							
	income and unrelated busin	· ·	•					•
	See section 509(a)(2). (Co		(less section of reax) no	iii busiiles	sses acqui	red by the organiza	ilion ai	ter durie 30, 1973.
11 🔲	An organization organized	•	ivolv to tost for public sat	inty Son (coction 50	10(2)(4)		
12	An organization organized a	•	•	•			ıt tha r	ournoses of one or
12	more publicly supported or	•	•	-		•	-	-
	lines 12a through 12d that	-					,,⊙,. ∪	HECK THE DOX OH
, r	¬	• •				- ·	ly by o	iivina
a		· · · · · · · · · · · · · · · · · · ·			-	* * * * * * * * * * * * * * * * * * * *		· -
	the supported organization			пајопцу о	i the direc	iors or trustees or t	uie su	pporting
. _	organization. You must o	-		ion with it		d arganization(a) b	basi	n.a
b	Type II. A supporting org	•				-	-	-
	control or management o			ime perso	ns tnat co	ntrol or manage the	supp	ortea
	organization(s). You mus							4
с _						· · · · · · · · · · · · · · · · · · ·	egrated	d with,
	its supported organization		·					- L' - :- (-)
d L						* *	-	
	that is not functionally int	-		•		•	ttentive	eness
	requirement (see instruct	•	•	•				
e	Check this box if the orga					Type I, Type II, Typ	e III	
	functionally integrated, or		nally integrated supporting	ng organiz	ation.			
	er the number of supported ovide the following information	•	d organization(a)					
<u> 9</u> FIC	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	ınization listed	(v) Amount of mone	tarv	(vi) Amount of other
	organization		(described on lines 1-10	in your governi Yes	ng document?	support (see instruct	ions)	support (see instructions)
			above (see instructions))	165	INO			
Total								

332021 12-21-23

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support			_	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), o	divided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the				d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	: VI how the organi	zation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	•	•			•	10% or
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
	more, and if the organization meets to organization meets the facts-and-circu Private foundation. If the organization	umstances test. Ti	ne organization qu	ialifies as a publicly	y supported organ	ization	

332022 12-21-23

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	57,845,615.	110,150,045.	72,044,279.	77,794,883.	88,114,595.	405,949,417.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,299,453.	1,096,521.	1,208,345.	1,270,267.	1,981,377.	6,855,963.
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	59,145,068.	111,246,566.	73,252,624.	79,065,150.	90,095,972.	412,805,380.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	22,640,929.	46,175,246.	46,333,009.	41,043,792.	47,603,566.	203,796,542.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	22,640,929.	46,175,246.	46,333,009.	41,043,792.	47,603,566.	203,796,542.
	Public support. (Subtract line 7c from line 6.)	, ,	, ,	, ,	, ,	, ,	209,008,838.
	ction B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	59,145,068.	111,246,566.	73,252,624.	79,065,150.	90,095,972.	412,805,380.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	0.505	2 506	0.500	2 100	54.450	
	and income from similar sources	9,596.	3,586.	2,583.	3,192.	54,179.	73,136.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	9,596.	3,586.	2,583.	3,192.	54,179.	73,136.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	134,149.	207,156.	92,624.	119,164.	125,992.	679,085.
13	Total support. (Add lines 9, 10c, 11, and 12.)	59,288,813.	111,457,308.	73,347,831.	79,187,506.	90,276,143.	413,557,601.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
					••••		
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (li	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	50.54 %
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	49.97 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.02 %
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	.01 %
19a	33 1/3% support tests - 2023. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	nd stop here. The	organization qualif	ies as a publicly su	upported organizat	ion	X
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

332023 12-21-23

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No	
1	_
2	_
3a	_
3b	_
3c	_
4a	
4b	
4c	
F	
5a	
- Eh	
5b 5c	_
50	
6	
7	
8	
9a	_
9b	_
9c	_
10a	
10b 10b 200	_

332024 12-21-23

Pa	rt IV Supporting Organizations (continued)			
		,	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		la		
b	A family member of a person described on line 11a above?	b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		lc		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	í		
Sec	tion D. All Type III Supporting Organizations			
		,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	ı		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	š		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s</u>	;) <u> </u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	а		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	o		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	ь		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Par	t V Type III Non-Functionally Integrated 50	09(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purport	oses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		7	
	Distributions to attentive supported organizations to which	h the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023 FEEDING AMERICA EASTERN WISCONSIN, INC.	39-1384593	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS REVENUE		
2019 AMOUNT: \$ 134,149.		
2020 AMOUNT: \$ 207,156.		
2021 AMOUNT: \$ 92,624.		
2022 AMOUNT: \$ 119,164.		
2023 AMOUNT: \$ 125,992.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

F:	EEDING AMERICA EASTERN WISCONSIN, INC.	39-1384593			
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.			
—					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota ny one contributor. Complete Parts I and II. See instructions for determining a contribut	• • •			
Special Rules					
sections 509(a)(1 contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	and that received from any one			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled refer the total contributions that were received during the year for an exclusively religion omplete any of the parts unless the General Rule applies to this organization because ble, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box iious, charitable, etc., e it received <i>nonexclusively</i>			
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule Ene 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990ing requirements of Schedule B (Form 990).	•			
For Paperwork Reduction A	ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$1,469,648.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions - \$ 207,813.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- - \$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	* 165,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$65,000.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions 163,165.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions - \$ 161,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Hullio, dudi 635, aliu Eli ^e T T	- \$\$ 157,901.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		- _ \$	Person X Payroll
(a)	(b)	(c)	(d)
No. 14	Name, address, and ZIP + 4	Total contributions 132,404.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions 120,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 17	Name, address, and ZIP + 4	Total contributions 111,407.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Ivallie, audi ess, aliu ZIP + 4	\$ 98,944.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 20	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21	Nume, address, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 22	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 23	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24	rumo, uum 033, unu 211	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	on
25		Person X Payroll Noncash (Complete Part II for noncash contributions	s.)
(a)	(b)	(c) (d)	
No. 26	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions	
(a)	(b)	(c) (d) Total contributions Type of contributio	
No. 27	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions	
(a)	(b)	(c) (d)	
No. 28	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions	
(a)	(b)	(c) (d)	
No. 29	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	on .
30	Trumo, addi 000, and En TT	Person X Payroll Noncash (Complete Part II for noncash contributions	

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	Total contributions \$ 40,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 40	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$35,103.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$35,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
43			Person X Payroll
(a)	(b)	(c)	(d)
No. 44	Name, address, and ZIP + 4	\$ \$ (Con	Person X Payroll Indicate Part II for cash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
45		\$\$ GOO.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	\$ \$ (Con	Person X Payroll Indicate Part II for cash contributions.)
(a)	(b)	(c)	(d)
No. 47	Name, address, and ZIP + 4	\$\$ G. (Con	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
48	Humo, add 655, and Zif T T	\$ \$1,514.	Person X Payroll Indicate Indi

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions T	(d) ype of contribution
49		\$\$ 31,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions T	(d) ype of contribution
50	Name, audiess, and Zir + 4	\$ 30,000.	Person X Payroll Indicash Indicash Indicash Indicash Indicash Indicash Indicash Indicash Indicash Contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
51	Tunio, audi 000, unu En TT	\$	Person X Payroll Indicash Indicash Indicash Indicash Indicash Indicash Indicash Contributions.
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	\$ 28,550.	Person X Payroll Indicate Part II for cash contributions.)
(a)	(b)	(c)	(d)
No. 53	Name, address, and ZIP + 4	\$ 28,297.	Person X Payroll Indicate Part II for cash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions T	(d) ype of contribution
54		\$\$ \$\$ [Coi	Person X Payroll Indicash Indicash Indicash Indicash Indicash Indicash Indicash Indicash Contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 58	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	Total contributions \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$ 20,859.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 70	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73			Person X Payroll
(a)	(b)	(c)	(d)
No. 74	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	- Nume, address, and En 1 1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
77	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	Turne, addi eeo, and Ell TT	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		- \$ 17,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		- - \$\$16,800.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 82	Name, address, and ZIP + 4	\$16,131.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		- - \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
85		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
86		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
87		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
88	Name, audress, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
89		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
90		Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$14,391.	Person X Payroll
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	\$13,978.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$13,945.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$13,500.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type o	(d) f contribution
97			ı
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type o	(d) f contribution
98			ı
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type o	(d) f contribution
99		Person Payrol \$ 11,100. (Complete	n X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type o	(d) f contribution
100	Name, audress, and ZIF + 4	Person Payrol \$ 11,000. (Complete	n X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type o	(d) f contribution
101		Person Payrol \$ 10,650. (Complete	n X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type o	(d) f contribution
102			ı 🔲

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
103		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
104		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
105		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 106	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
107		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
108		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
109		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
110		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
111		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 112	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
113		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
114		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		- \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	Name, audiess, and Zir + 4	- \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		- - \$\$000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
121			oll 🔲
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
122			oll 🔲
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
123		Persi Payro Nonc (Comple	on X
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Persi Payro Nonc (Comple	oll 🔲
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
125		Persu Payru \$ 10,000. (Comple	on X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) of contribution
126		Persi Payri Nonc (Comple	on X

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 130	Name, address, and ZIP + 4	\$\$ 9,062.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 136	Name, address, and ZIP + 4	# Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 140	Name, address, and ZIP + 4	* \$ 7,767.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141	Training data coop and all 1 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 142	Name, address, and ZIP + 4	* \$ 7,532.	Person X Payroll
(a)	(b)	(c)	(d)
No. 143	Name, address, and ZIP + 4	* Total contributions 7,500.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	Iditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$6,600.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$6,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 154	Name, address, and ZIP + 4	\$\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$5,500.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$5,317.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158		\$5,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		\$5,133	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 160	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161		\$5,066.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162		\$5,057.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
169		\$ \$ \$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
170		\$ \$ \$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
171		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
172		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
173		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
174		\$ 5,000. Person X Payroll Noncash (Complete Part II for page as contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 176	Name, address, and ZIP + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177	Tulino, dudi coo, dira Eli TT	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 178	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 179	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180	Hullio, audi 635, aliu Eli ^e 7 7	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
181		\$ 5,000. Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
182		\$ \$ \$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
183		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
184		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
185		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
186		Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190	Name, address, and ZIF + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
194		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
195		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196	Name, address, and ZIF + 4	\$\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
197		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
198		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
201		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
203		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
204		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207		_ \$5,000. _	Person X Payroll
(a)	(b)	(c)	(d)
No. 208	Name, address, and ZIP + 4	Total contributions - \$ \$ 148,816.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209		\$14,724	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
210		\$1,310,330.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
211		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 212	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
213	- Trainis, address, und En 111	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 214	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 215	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
No. 216	Name, address, and ZIP + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		- - \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 218	Name, address, and ZIP + 4	- \$ 55,173.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219	- Hume, dudi coo, and En 1 1	- \$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 220	Name, address, and ZIP + 4	Total contributions 7,338.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 221	Name, address, and ZIP + 4	Total contributions 620,524.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222	Humo, audi 035, and Air T T	- \$ 60,648.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224		\$10,142.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225		\$24,527	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 226	Name, address, and ZIP + 4	- \$ 61,324.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227		\$362,618.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228		\$634.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
231		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 232	Name, address, and ZIP + 4	Total contributions \$ 23,502.	Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233		\$\$393,815.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
234		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		- \$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
236		- _ \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237		- \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 238	Name, address, and ZIP + 4	Total contributions - \$ 1,213,650.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
239		- - \$\$6,952.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
240		- \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		- - \$ 59,685.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242		- - \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 244	Name, address, and ZIP + 4	Total contributions 48,775.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		\$\$85,711.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions T	(d) Type of contribution
247		\$	Person Payroll Noncash X mplete Part II for acash contributions.)
(a)	(b)	(c)	(d)
No. 248	Name, address, and ZIP + 4	\$	Person Payroll X mplete Part II for acash contributions.
(a)	(b)	(c)	(d)
No. 249	Name, address, and ZIP + 4	\$17,645.	Person Payroll X mplete Part II for acash contributions.
(a)	(b)	(c)	(d)
No. 250	Name, address, and ZIP + 4		Person Payroll X mplete Part II for acash contributions.
(a)	(b)	(c)	(d)
No. 251	Name, address, and ZIP + 4	\$15,461.	Person Payroll Woncash X mplete Part II for acash contributions.)
(a)	(b) Name address and ZIR + 4	(c) Total contributions	(d)
No. 252	Name, address, and ZIP + 4	\$182,706.	Person Payroll X mplete Part II for acash contributions.

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 254	Name, address, and ZIP + 4	\$\$ 5,419.	Person Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 255	Name, address, and ZIP + 4	* \$ 8,599.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 256	Name, address, and ZIP + 4	Total contributions \$ 94,509.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 257	Name, address, and ZIP + 4	\$ \$ 59,222.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258	ivalile, auuress, anu ZIP + 4	\$\$	Person Payroll Noncash X (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		- \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
260		- - \$\$67,654.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
261		- \$1,306,792.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 262	Name, address, and ZIP + 4	Total contributions - \$ \$ 46,941.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
263		\$\$11,505.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
264		- \$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		- - \$\$87,149.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
266		- _ \$69,318.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
267		- \$\$63,406.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 268	Name, address, and ZIP + 4	Total contributions 170,202.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
269		- \$\$149,980.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
270		- \$\$53,773.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
272	Name, address, and ZIF + 4	\$\$31,396.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
273	Hame, address, and Zn + +	\$\$5,591.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 274	Name, address, and ZIP + 4	* 416,129.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
275	Hame, audi 655, and £if + +	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
276		\$\$ 4,569,655.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
277		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 278	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
279		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 280	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 281	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
282	Name, auuress, anu ZIP + 4	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
283		\$ 3,973,143. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 284	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 285	Name, address, and ZIP + 4	\$ 5,479. Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 286	Name, address, and ZIP + 4	\$ 52,759. Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 287	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 288	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
290		\$ 81,424.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 292	Name, address, and ZIP + 4	Total contributions \$ 1,170,871.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
294		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		\$12,151.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
296		\$634,456.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
297		\$101,597.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 298	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
299		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
300		\$65,087.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
302	Name, address, and Zir + +	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
303		\$\$15,760.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 304	Name, address, and ZIP + 4	* \$ \$ 419,305.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 305	Name, address, and ZIP + 4	\$ \$ 78,217.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
306		\$\$ 59,965.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307		_ \$17,257	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
308		\$2,211,601	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
309		- \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 310	Name, address, and ZIP + 4	* \$ 63,832.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
311		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
312		- \$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
313		\$ 528,791. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
314		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
315		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 316	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
317		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
318		Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional and the copies of	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
319		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
320	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
321	- Hame, dadi ees, and zii T T	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 322	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 323	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
324	Name, auuress, anu zir + 4	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
325		P: 7,764. P: N (Com	erson ayroll oncash X nplete Part II for ash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d)
No. 326	Name, address, and ZIP + 4	Po P	erson ayroll and a policy and a policy ayroll ayroll applete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d)
327	Hame, address, und Zn + 4	Po Po N (Com	erson ayroll and a series of the series of t
(a)	(b)	(c)	(d)
No. 328	Name, address, and ZIP + 4	Per	erson ayroll and a policy and a policy ayroll ayroll applete Part II for ash contributions.)
(a)	(b)	(c)	(d)
No. 329	Name, address, and ZIP + 4	Pe Pa 3,762,456. N (Com	erson ayroll polete Part II for eash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
330	ivaliic, audi 655, aliu ZIF + 4	Po Po Po Po N (Com	erson ayroll oncash X nplete Part II for eash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331		\$6,054.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
332		\$10,518.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
333		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$ 8,269,686.	Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
335		\$32,489.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
336		\$ 263,966.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337		\$9,088.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
338		\$34,871.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
339		\$5,524.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 340	Name, address, and ZIP + 4	\$ 3,279,520.	Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
341		\$152,831.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
342		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
344			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
345		\$68,491.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 346	Name, address, and ZIP + 4		Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
347		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

,, 1			
(a) No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
art I	Decemple of memoral property given	(See instructions.)	Butoroconou
	FOOD		
90			
		\$ 4,267.	06/30/24
(a) No.	4.)	(c)	<i>(</i> n)
rom	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	FOOD		
208			
		\$\$	06/30/24
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
arti	FOOD		
209	1000		
		\$ 14,724.	06/30/24
		*	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(0000.1 201101.0.)	
24.0	FOOD		
210	-		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	06/30/24
		\$ 1,310,330.	00/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	FOOD		
211			
			06/20/24
		\$ 1,906,515.	06/30/24
(0)			
(a) No.	/h)	(c)	(a)
rom	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	FOOD		
212	-		
		\$67,396.	06/30/24

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
213			
	_	\\ \\$ 340,520.	06/30/24
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
214			
		\$ 2,522.	06/30/24
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	FOOD		
215			
	_		
		\$\$	06/30/24
(a)		+	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I	TOOD		
216	FOOD		
	-		
		\$ 3,645.	06/30/24
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	FOOD		
217	_		
		\$ 7,210.	06/30/24
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
218			
			06/20/24
		\$\$	06/30/24 Schedule B (Form 990) (20

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
219			
		\$	06/30/24
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
220			
		\$	06/30/24
(a)	<i>a</i> ,	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	FOOD		
221			
		\$620,524.	06/30/24
(0)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	FOOD		
222			
			06/30/24
		\$ 60,648.	06/30/24
(a)			
No.	(b)	(C)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(CCC Instructions.)	
	FOOD		
223			
		\$ 7,049.	06/30/24
	-	[¬]	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(222	
224	F00D		
224		<u> </u>	
		\$ 10,142.	06/30/24
3453 12-26			Schedule B (Form 990) (20

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
225			
		\$\$	06/30/24
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
arti	FOOD		
226			
		\$\$	06/30/24
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	FOOD		
227			
			06/30/24
		\$ \$ 362,618.	06/30/24
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	FOOD	, ,	
228	FOOD		
		 \$ 634.	06/30/24
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
229			
		\$84,418.	06/30/24
(a) No.	n.v	(c)	/ -11
ron	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	FOOD		
230			
		\$\$	06/30/24

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
231			
		\$ 4,397.	06/30/24
		•	- 00/30/24
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
raiti	FOOD		
232		—	
		\$ 23,502.	06/30/24
(-)			
(a) No.	(b)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	(a) Date received
Part I		(See instructions.)	
	FOOD		
233			
			06/30/24
		\$ 393,815.	06/30/24
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	FOOD		
234	1000	-	
		\$\$	06/30/24
(a) No.	n.v	(c)	1-11
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Decemplian of honorary grown	(See instructions.)	24.0 . 50004
	FOOD		
235			
			06/20/24
		\$ 2,090,458.	06/30/24
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	TOOR	,,	
236	FOOD	_	
200		<u> </u>	

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
237			
		\$ 24,917.	06/30/24
	-	\$	00/30/24
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	FOOD		
238	1000		
		\$\$1,213,650.	06/30/24
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
239			
		\$ 6,952.	06/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
	FOOD		
240			
			06/30/24
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Parti	FOOD		
241	1000		
			
		\$59,685.	06/30/24
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD	+	
242			
		\$ 146,848.	06/30/24

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

(See instructions)	Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
S			FMV (or estimate)	
S 160,604. 06/30/24	242	FOOD		
(a) (b) Description of noncash property given FNV (or estimate) (See instructions) Date received 244 FOOD	243			
No. from Description of noncash property given FOOD FMV (or estimate) (See instructions.) Date received			\$	06/30/24
Part I 244 FOOD	No.			
S		Description of noncash property given	(See instructions.)	Date received
(a) No. (b) Description of noncash property given Part I (a) No. (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given POOD (a) POOD (b) PMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received PART I POOD 245 (a) No. (b) Description of noncash property given POOD (a) POOD (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received PART I POOD 247 (a) No. (b) Description of noncash property given PART I POOD (c) FMV (or estimate) (See instructions.) (d) Date received PART I POOD (d) Date received POOD (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (a) No. (b) Description of noncash property given PART I POOD (c) FMV (or estimate) (See instructions.) POOD (d) Date received		FOOD		
(a) No. from Part I 245 246 (a) No. Description of noncash property given	244			
No. from Part I POOD			\$	06/30/24
FOOD Secription of noncash property given FMV (or estimate) (See instructions.) Date received	(a)		(5)	
Part I Description of noncash property given See instructions.) Sample See instructions. Date received				
S		Description of noncash property given		Date received
(a) No. from Description of noncash property given FMV (or estimate) (c) FMV (or estimate) (d) Date received		FOOD		
(a) No. from Part I 246 (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I 247 (a) Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received 247 (a) No. from Part I 247 (b) FODD (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.)	245			
(a) No. from Part I 246 FOOD (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I 247 FOOD (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I 247 FOOD (a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.)				05/20/04
No. from Part I POOD (a) No. from Part I (b) FMV (or estimate) (See instructions.) (a) No. from Part I POOD (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (a) No. from Part I POOD (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (d) Date received			\$ 85,/11.	06/30/24
No. from Part I POOD	(a)		()	
Part I 246 FOOD (a) No. (b) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FOOD (c) FMV (or estimate) (See instructions.) (d) Date received (e) Date received (forming part I) (g) FOOD (h) Description of noncash property given (c) FMV (or estimate) (c) FMV (or estimate) (d) Date received (d) Date received (d) Date received (d) Date received				
FOOD S 133,456. 06/30/24		Description of noncash property given		Date received
(a) No. from Part I (a) No. from Part I (b) Description of noncash property given (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (See instructions.) (a) No. from Part I (b) Description of noncash property given (See instructions.) (b) FMV (or estimate) (See instructions.)	· uiti	FOOD		
(a) No. from Part I 247 FOOD (b) FMV (or estimate) (See instructions.) \$ 85,516. (c) FMV (or estimate) (See instructions.) (d) Date received \$ 85,516. (d) Date received FMV (or estimate) (See instructions.) (a) No. from Part I POOD 1 1 1 1 1 1 1 1 1 1 1 1 1	246			
(a) No. from Part I 247 FOOD (b) FMV (or estimate) (See instructions.) \$ 85,516. (c) FMV (or estimate) (See instructions.) (d) Date received \$ 85,516. (d) Date received FMV (or estimate) (See instructions.)				
No. from Part I FOOD (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) \$ 85,516. (c) FMV (or estimate) (See instructions.) (d) Date received \$ 85,516. (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received FOOD Part I FOOD FOOD			\$ 133,456.	06/30/24
No. from Part I FOOD (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received \$ 85,516. (e) FMV (or estimate) (OFMV (or estimate) (See instructions.) (d) Date received FOOD 248	(a)			
Part I Part I FOOD (a) No. from Part I Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received FOOD FMV (or estimate) (See instructions.)		(b)		(d)
\$ 85,516. (a) No. from Part I 248 FOOD (b) FMV (or estimate) (See instructions.) FOOD FOOD Part I POOD FOOD		Description of noncash property given		Date received
(a) No. from Part I FOOD S 85,516. (b) FMV (or estimate) (See instructions.) Part I FOOD FOOD	rarti	FOOD		
(a) No. from Part I FOOD FOOD (b) FMV (or estimate) (See instructions.) Date received	247			
(a) No. from Part I FOOD FOOD (b) FMV (or estimate) (See instructions.) Date received				
No. (b) from Description of noncash property given Part I FOOD			\$ 85,516.	06/30/24
No. from Description of noncash property given Part I FOOD FOOD	(a)			
from Part I Part I FOOD FMV (or estimate) (See instructions.) Date received		(b)		(d)
248 FOOD				
248	Part I	ECOD	(=====.,	
	248	T OOD		
\$ 22,850. 06/30/24				
			\$ 22,850.	06/30/24

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
249	FOOD	_	
		_	
		\$ 17,645.	06/30/24
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
250	FOOD	_	
		 \$	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD	_	
251		_	
		\$15,461	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD	_	
252		_	
		\$\$	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
raiti	FOOD		
253		_	
		\$\$	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD	_	
254		_	
		\$ 5,419.	06/30/24
323453 12-26	-23		Schedule B (Form 990) (2023)

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Pool See instructions Pool Po	Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
S			FMV (or estimate)	
(a) No. no. Description of noncash property given POOD (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received POOD (e) See instructions.) (f) Date received (g) FMV (or estimate) (See instructions.) (d) Date received (e) No. no. Description of noncash property given (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Date received (h) No. no. Description of noncash property given (h) Date received		FOOD		
(a) No. from Poscription of noncash property given FMV (or estimate) (See instructions) Description of noncash property given See instructions Of 1/30/24 (b) No. from Poscription of noncash property given See instructions Of 1/30/24 (c) No. from Poscription of noncash property given See instructions Of 1/30/24 (d) Date received See instructions Of 1/30/24 (e) No. from Poscription of noncash property given See instructions Of 1/30/24 (d) Date received See instructions Of 1/30/24 (e) No. from Poscription of noncash property given See instructions Of 1/30/24 (e) No. from Poscription of noncash property given See instructions Of 1/30/24 (f) No. from Poscription of noncash property given See instructions Of 1/30/24 (g) No. from Poscription of noncash property given See instructions Of 1/30/24 (g) No. from Poscription of noncash property given See instructions Of 1/30/24 (g) No. from Poscription of noncash property given See instructions Of 1/30/24 (g) No. from Poscription of noncash property given Of 1/30/24 (g) No. from Poscription of noncash property given Of 1/30/24 (g) Poscription of noncash property given Of 1/30/24	255			
No. pert I POOD (a) No. (b) (c) FMV (or estimate) (See instructions.) (b) Pood (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (See instructions.) (e) No. (b) Description of noncash property given (See instructions.) (f) FMV (or estimate) (See instructions.) (g) No. (c) FMV (or estimate) (See instructions.) (g) No. (form Description of noncash property given (See instructions.) (e) No. (form Description of noncash property given (See instructions.) (g) No. (h) Description of noncash property given (See instructions.) (h) Date received (See instructions.) (o) No. (b) Description of noncash property given (See instructions.) (o) No. (c) FMV (or estimate) (See instructions.) (o) No. (from Description of noncash property given (See instructions.) (o) No. (from Description of noncash property given (See instructions.) (o) No. (from Description of noncash property given (See instructions.) (o) No. (form Description of noncash property given (See instructions.)			\$	06/30/24
See instructions. Date received	No.			
S		Description of noncash property given		Date received
S		FOOD		
(a) No. from Poscription of noncash property given (See instructions.) [4] FMV (or estimate) (See instructions.) [5] FOOD [6] FMV (or estimate) (See instructions.) [6] FMV (or estimate) (See instructions.) [7] FOOD [8] FMV (or estimate) (See instructions.) [8] FOOD [9] FMV (or estimate) (See instructions.) [9] FOOD [9] FMV (or estimate) (See instructions.) [9] FOOD [9] FMV (or estimate) (See instructions.)	256			
No. rom part I POOD			\$\$	06/30/24
No. rom part I POOD	(a)			
Pood Part Pood Poscription of noncash property given Pood Po		(b)		(d)
FOOD 257 (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received FOOD 259 FOOD (a) No. from Description of noncash property given (b) Ce FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received FOOD (d) Date received FOOD (e) FMV (or estimate) (See instructions.)		Description of noncash property given		Date received
(a) No. from Part I FOOD (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.)	Part I		(Coo mendenene,)	
(a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) CFMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received Description of noncash property given (See instructions.) (a) No. from Description of noncash property given (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received Description of noncash property given (See instructions.)	257	FOOD		
(a) No. from Description of noncash property given FOOD	257	_		
(a) No. from Part I 258 FOOD (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received \$ 1,710. 06/30/24 (a) No. from Part I 259 FOOD (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) FOOD (d) Date received \$ 3,014,021. 06/30/24 (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received FOOD (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.)			\$ 59 222.	06/30/24
No. from Part I See instructions. Co FMV (or estimate) Co FM				
FMV (or estimate) (See instructions.) Date received	(a)		(-)	
Description of noncash property given See instructions.) Date received				(d)
FOOD S 1,710. 06/30/24	l	Description of noncash property given		Date received
(a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.)	Parti	FOOD		
(a) No. from Part I (a) No. (b) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) Compart I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received	258	F00D		
(a) No. from Part I 259 FOOD (a) No. (b) FMV (or estimate) (See instructions.) (b) Date received \$ 3,014,021. (c) FMV (or estimate) (See instructions.) (d) Date received \$ 3,014,021. (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.)				
(a) No. from Description of noncash property given 259 (a) No. from Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (d) Date received (See instructions.)				06/30/24
No. from Description of noncash property given Part I FOOD (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) (c) FMV (or estimate) (C) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.)				
from Part I Secription of noncash property given FMV (or estimate) (See instructions.) FMV (or estimate) (See instructions.) Secription of noncash property given Secription of noncash property given Secription of noncash property given Column (b) (c) FMV (or estimate) (See instructions.) FMV (or estimate) (d) Date received Column (d) Date received FOOD FMV (or estimate) (See instructions.)	(a)		(6)	
Part I Description of noncash property given (See instructions.) Solution (See instructions.) The part I (See instructions.) Date received (See instructions.)	1			
S 3,014,021. (a) No. from Description of noncash property given FOOD		Description of noncash property given		Date received
(a) No. from Description of noncash property given FOOD FOOD \$ 3,014,021. (c) FMV (or estimate) (See instructions.) Date received	arti	FOOD		
(a) No. from Description of noncash property given FOOD FOOD S 3,014,021. (c) FMV (or estimate) (See instructions.) Date received	259	1000		
(a) No. from Part I FOOD FOO				
(a) No. from Part I FOOD FOOD FOOD FOOD Co (c) FMV (or estimate) (See instructions.) Date received			3,014,021.	06/30/24
No. (b) from Description of noncash property given Part I FOOD				
from Part I FOOD	(a)		(0)	
Part I FOOD FOOD	1			
260 FOOD		Description of noncash property given		Date received
260	-art I	FOOD		
	260	1000		
© 67 654. 06/30/24				
		-	 \$ 67,654.	06/30/24

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
261			
		\$1,306,792.	06/30/24
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
	FOOD		
262			
		\$ 46,941.	06/30/24
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		,	
263	F00D		
203			
		\ \\$ 11,505.	06/30/24
(a)		()	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		,	
264	F00D		
264			
			06/30/24
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		,	
265	F00D		
200			
	-	\ \\$ 87,149.	06/30/24
	_		
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(CCC (TIST doctories.)	
	FOOD		
266			
	_	 \$ 69,318.	06/30/24
453 12-26			Schedule B (Form 990) (20

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
267	FOOD		
		\$63,406.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
268	FOOD		
		\$170,202.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
269	FOOD		
		\$149,980.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
270	FOOD		
		\$53,773.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
271	FOOD		
		\$14,700.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
272	FOOD		
200450 40 00		\$31,396.	06/30/24

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
273			
		\$ 5,591.	06/30/24
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
274			
			06/30/24
		\$ 416,129.	00/30/24
(a)		(0)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
arti	FOOD		
275			
		\$\$	06/30/24
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	FOOD	· · · · · · · · · · · · · · · · · · ·	
276	1000		
		\$\$	06/30/24
(2)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
277	FOOD		
277			
		\$16,847.	06/30/24
(a)	<i>a</i> ,	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	FOOD		
278			
		\\ \\$ 3,147,851.	06/30/24
453 12-26			Schedule B (Form 990) (20

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
279			
		\$	06/30/24
(a) No.	<i>a</i> .	(c)	4.0
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Becompacified inclination property given	(See instructions.)	Date received
	FOOD		
280			
		\$ 11,800.	06/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	FOOD		
281			
			05/20/04
		\$	06/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(Gee instructions.)	
	FOOD		
282			
		\$ 36,482.	06/30/24
		\$ \$	00/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(CCC Instructions.)	
	FOOD		
283			
		3,973,143.	06/30/24
	-	\$ 3,973,143.	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(CCC IIISTI UCTIONS.)	
	FOOD		
284			
		\	06/30/24
3453 12-26			Schedule B (Form 990) (20

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
285			
-		\$ 5,479.	06/30/24
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
286			
-		\$\$	06/30/24
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
287	FOOD		
-		\$	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
288			
-		\$\$	06/30/24
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	FOOD		
289			
-		\$\$	06/30/24
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
-	FOOD		
290		<u> </u>	
-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	06/30/24
453 12-26-20	2		Schedule B (Form 990) (20

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
291	FOOD		
		\$56,777.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
292	FOOD		
		\$1,170,871.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
293	FOOD		
		\$ 285,114.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
294	FOOD		
		\$156,968.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
295	FOOD		
		\$12,151.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
296	FOOD		
200450 40.00		\$634,456.	06/30/24

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
297			
		\$	06/30/24
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	2	(See instructions.)	
	FOOD		
298			
			05/20/04
		\$ 73,678.	06/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	FOOD		
299			
		\$ 79,765.	06/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
	FOOD		
300			
			06/30/24
		\$ 65,087.	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(000 1101 20101.0.)	
201	F00D		
301			
		\	06/30/24
	-	\$\psi	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(OGG IIISLIUOLIOIIS.)	
	FOOD		
302			
			06/30/24
		\$\$	Schedule B (Form 990) (20

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

(-)	Noncash Property (see instructions). Use duplicate copies of Pa	T	
(a) No.	(L)	(c)	الد/
ron from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	FOOD		
303			
		 \$ 15,760.	06/30/24
(a)		(5)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(Gee Instructions.)	
	FOOD		
304			
		\$\$ <u>419,305.</u>	06/30/24
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	EOOD		
305	FOOD		
305			
			06/30/24
	-	\$ 78,217.	00/30/24
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	2 - comprise of memorial property given	(See instructions.)	241010001104
	FOOD		
306			
		59,965.	06/30/24
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(22223.23001.0.)	
	FOOD		
307			
			06/22/24
		\$ 17,257.	06/30/24
(-)			
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
ai t 1	FOOD		
308	1000		
300		 [
	<u> </u>		06/30/24
		\$2,211,601.	

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date received			
	FOOD				
309					
		\$ \$	06/30/24		
(a)		(c)			
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I	Description of horicasti property given	(See instructions.)	Date received		
	FOOD				
310					
		\$63,832.	06/30/24		
(a)					
No.	(b)	(c)	(d)		
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
Part I		(OGG III STI UCTIONS.)			
211	FOOD				
311					
		\$ 22,921.	06/30/24		
		^Φ			
(a)		(5)			
No.	(b)	(c) FMV (or estimate)	(d)		
from	Description of noncash property given	(See instructions.)	Date received		
Part I	FOOD				
312					
		\$6,154.	06/30/24		
(a)		(c)			
No. from	(b)	FMV (or estimate)	(d) Date received		
Part I	Description of noncash property given	(See instructions.)	Date received		
	FOOD				
313					
		\$ 528,791.	06/30/24		
(2)					
(a) No.	(b)	(c)	(d)		
from	(b) Description of noncash property given	FMV (or estimate)	(u) Date received		
Part I	,	(See instructions.)			
	FOOD				
314					
			06/30/04		
		\$\$	06/30/24 Schedule B (Form 990) (20		

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
21.5	FOOD				
315					
		\$5,607,367.	06/30/24		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
Part I	FOOD	(eee medacienely			
316	F00D				
		\$	06/30/24		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
Part I	FOOD				
317					
		\$\$	06/30/24		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	FOOD				
318					
		\$\$	06/30/24		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	FOOD				
319					
		\$\$	06/30/24		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	FOOD				
320					
	-	\$ 196,236.	06/30/24		
1 3453 12-26			Schedule B (Form 990) (20)		

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date receive			
	FOOD				
321					
		\$\\$7,322.	06/30/24		
(a)		()			
No.	(b)	(c) FMV (or estimate)	(d)		
from Part I	Description of noncash property given	(See instructions.)	Date received		
Parti	FOOD				
322					
		\$8,274.	06/30/24		
(a) No.	(L)	(c)	<i>(4)</i>		
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I	Description of noneastry operty given	(See instructions.)	Date received		
	FOOD				
323					
		\$	06/30/24		
(a)					
No.	(b)	(c)	(d)		
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
Part I		(000 1101 2010110.)			
324	FOOD				
324					
		\$ 43,523.	06/30/24		
(a)		(c)			
No.	(b)	FMV (or estimate)	(d)		
from Part I	Description of noncash property given	(See instructions.)	Date received		
arti	FOOD				
325					
		\$	06/30/24		
(a)	"	(c)			
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I	Description of noncasti property given	(See instructions.)	Date received		
	FOOD				
326					
		\$ 29,983.	06/30/24		

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date recei			
	FOOD				
327					
			06/20/24		
		\$ 10,727.	06/30/24		
(a)					
No.	(b)	(c) FMV (or estimate)	(d)		
from	Description of noncash property given	(See instructions.)	Date received		
Part I	Toon	(========,			
328	FOOD				
					
		328,104.	06/30/24		
(a)		(c)			
No.	(b)	FMV (or estimate)	(d)		
from Part I	Description of noncash property given	(See instructions.)	Date received		
arti	FOOD				
329					
_					
		\$ 3,762,456.	06/30/24		
(a) No.	(1-)	(c)	(4)		
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I	Becompact of Honouch property given	(See instructions.)	Date received		
	FOOD				
330					
		\$ 9,062.	06/30/24		
(a)					
No.	(b)	(c)	(d)		
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
Part I		(GCC Instructions.)			
224	FOOD				
331					
		\$ 6,054.	06/30/24		
		^Φ			
(a)					
No.	(b)	(c) FMV (or estimate)	(d)		
from	Description of noncash property given	(See instructions.)	Date received		
Part I		(=== :::0::25::5:)			
333	FOOD				
332					
		\$ 10,518.	06/30/24		
453 12-26	20		Schedule B (Form 990) (20		

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date rec			
	FOOD				
333					
		\$\$	06/30/24		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received		
Part I	Description of Honoral property given	(See instructions.)	Dute received		
	FOOD				
334					
		\$8,269,686.	06/30/24		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	FOOD				
335					
		\$ 32,489.	06/30/24		
(a) No.	(b)	(c) FMV (or estimate)	(d)		
from Part I	Description of noncash property given	(See instructions.)	Date received		
ı artı	FOOD				
336					
		\$ 263,966.	06/30/24		
(a) No.	(b)	(c) FMV (or estimate)	(d)		
from Part I	Description of noncash property given	(See instructions.)	Date received		
Parti	FOOD				
337					
		\$9,088.	06/30/24		
(a)					
No.	(b)	(c)	(d)		
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
Part I	FOOD	(,			
338	100D	<u> </u>			
					

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	FOOD	_			
339		_			
		\$\$	06/30/24		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received		
Part I		(See instructions.)			
340	FOOD	_			
		\$\$	06/30/24		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	FOOD	_			
341		_			
		\$152,831.	06/30/24		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	FOOD	_			
342		_			
		\$ \$ 47,189.	06/30/24		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
T di Ci	FOOD				
343		_			
		\$\$	06/30/24		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	FOOD	_			
344		_			
		\$ 11,227.	06/30/24		
23453 12-26	-23		Schedule B (Form 990) (2023		

Name of organization Employer identification number

FEEDING AMERICA EASTERN WISCONSIN, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOOD 345 68,491. 06/30/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I FOOD 346 117,384. 06/30/24 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I FOOD 347 72,754. 06/30/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of o	organization		Employer identification number
FEEDING	AMERICA EASTERN WISCONSIN, INC.		39-1384593
Part III		through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

FEEDING AMERICA EASTERN WISCONSIN, INC.

Employer identification number 39-1384593

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	Counts. Complete if the			
		(a) Donor advised fund	ds	(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in c	donor advised fund	ds			
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor ac						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?			Yes No			
Pai							
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).					
	Preservation of land for public use (for example, recreat		servation of a histo	orically important land area			
	Protection of natural habitat	· —		ified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution i	n the form of a co	nservation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а				2a			
b	-			2b			
c	Number of conservation easements on a certified historic stru			2c			
	Number of conservation easements included on line 2c acquir	•••					
-	on a historic structure listed in the National Register	• • • •		2d			
3	Number of conservation easements modified, transferred, rele						
Ü	year	asca, extinguished, or termin	ated by the organi	zation during the tax			
4	Number of states where property subject to conservation ease	ament is located					
5	Does the organization have a written policy regarding the peri		andling of				
3	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	•	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h						
Ū	etan and volunteen neare develous to membering, mepeeting, r	ianamig of violations, and only	oromig comportation	on eacomonic daring the year			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	a conservation ea	sements during the year			
-	, under the expenses meaned in monitoring, indposting, marian	ing of violations, and officions	g concervation ca	comente dannig the year			
8	Does each conservation easement reported on line 2d above	satisfy the requirements of se	ction 170(h)(4)(B)(i)			
_	and section 170(h)(4)(B)(ii)?			· — —			
9	In Part XIII, describe how the organization reports conservatio						
·	balance sheet, and include, if applicable, the text of the footnote		•				
	organization's accounting for conservation easements.	oto to the organization o infant					
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasur	es, or Other S	Similar Assets.			
	Complete if the organization answered "Yes" on Form		•				
	If the organization elected, as permitted under FASB ASC 958		statement and hala	ance sheet works			
	, .	, .					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958			sheet works of			
-	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items.	exhibition, education, or resea		or public service,			
				¢			
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical trea	curse or other similar assets					
2				provide			
_	the following amounts required to be reported under FASB AS			c			
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 99U.		Schedule D (Form 990) 2023			

Par	t III Organizations Maintaining C	ollections of Art	t, Histor	ical Tre	asures, or	Other 9	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi										
	collection items (check all that apply).										
а	Public exhibition	d	l 🗌 Lo	an or exc	hange progra	m					
b	Scholarly research	е	Ot	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organization	n's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, histo	orical treas	sures, or other	r similar a	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa	·									
1a	Is the organization an agent, trustee, custodi	•	•						٦.,	_	٦
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	ole:					Amoun	.+	
	De structura la clara ca						1		Amoun	ıı	
C	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
t Oo	Ending balance Did the organization include an amount on F						_ _1f _		Yes		7 No
	_					-					∐ No
_	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
	The second secon	(a) Current year	(b) Prid		(c) Two years		1) Three v	ears back	(e) Fou	r vears	back
1a	Beginning of year balance	(L) Carrette year	(-,	,	(-, ,	(-	.,		(-):	. ,	
b	Contributions										
C	Net investment earnings, gains, and losses										
q	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a. a	column (a)) held as:						
а	Board designated or quasi-endowment	•	%	()	,						
b	Permanent endowment	%									
С	Term endowment	 %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that a	re held ar	nd administere	ed for the					
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(11) 5								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fun	ıds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, I	ine 11a. S	ee Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o			or other	٠,	umulate	d	(d) Boo	k valu	ie
		basis (investn	nent)	basis	(other)	depr	eciation			22-	252
1a	Land				399,373.						373.
b	Buildings			12	,293,884.		5,470,4	143.	6	,823,	441.
С	Leasehold improvements				606 000		1 056	126		04.0	645
d	Equipment				,696,083.		1,876,4		-		647.
	Other	•			,992,835.		1,849,2				538.
Tota	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. line 10c	. column	<u>(B))</u>						999.
								Schedule	D (Forr	n 990	12023

scriedule D	(FOIIII 990) 2023	I DDDING MMDRICM	пиотыки	WIDCONDIN, INC.	37 1304373	Pa
Part VII	Investments -	- Other Securities				

Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Table (0al (b) manaka mal Farma 000 Bart V (bar 40 and (B))		

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must agual Form 000 Part V line 13 col (R))		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MILWAUKEE FOUNDATION - INVESTMENTS	5,619,570.
(2) FEEDING AMERICA EASTERN WISCONSIN FOUNDATION - INVESTMENTS	2,977,433.
(3) INVENTORY - DONATED PRODUCT	1,693,589.
(4) PREPAID PURCHASED PRODUCT	141,655.
(5) INVENTORY - UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)	10,477.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	10,442,724.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY PAYABLE	774,343.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	774,343.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

39-1384593

Part			evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			Г. Г	01 101 E16
				1	91,181,516.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
	Net unrealized gains (losses) on investments			-	
	Donated services and use of facilities			-	
	Recoveries of prior year grants		811,779.	-	
	Other (Describe in Part XIII.)			0.	811,779.
	Add lines 2a through 2d			2e 3	90,369,737.
	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	30,303,737.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)			-	
				4c	0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	90,369,737.
Parl	XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•		
1	•			1	92,404,249.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, , -
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		74,243.		
	Add lines 2a through 2d		·	2e	74,243.
	Subtract line 2e from line 1			3	92,330,006.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	92,330,006.
Part	XIII Supplemental Information	•			
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional informa	tion.		
PART	X, LINE 2:				
THE C	RGANIZATION HAS QUALIFIED FOR EXEMPTION FROM INCOME TAXE	S UNDER			
SECT	ON 501(C)(3) OF THE INTERNAL REVENUE CODE. DONATIONS TO	ГНЕ			
ORGAN	IZATION QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION	N UNDER			
SECT	ON 170(B)(1)(A). ADDITIONALLY, THE ORGANIZATION IS CLASS	IFIED AS AN			
	_				
ORGAN	VIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 5	09(A)(2).			
NONE	OF THE ORGANIZATION'S CURRENT ACTIVITIES ARE SUBJECT TO	TAXATION AS			
	AMED DUGINEGG INCOME				
UNREI	ATED BUSINESS INCOME.				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
-	•				
SPECI	AL EVENTS EXPENSE	74,243.			
CHANG	E IN FAIR VALUE - FEEDING AMERICA EASTERN WISCONSIN				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

FEEDING AM	ERICA EASTERN WISCONSIN, IN	C.			39-138459	3
Part I Fundraising Activities required to complete this part	Complete if the organization answert.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following with a Solicita so	tion of tion of fundra (includ	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
TRUE SENSE MARKETING - 155		Yes	No		_	
COMMERCE DRIVE, FREEDOM, PA	DIRECT MAIL CONSULTANT		Х	1,460,916.	645,731.	815,185.
Total				1,460,916.	645,731.	815,185.
List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, H						
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, O	ok, ok, PA, KI, SC, SD, TN, TX, OT, V	T,VA,	, WA, W	V,WI,WY		
					·	

LHA 332081 09-13-23

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Sch			ERICA EASTERN WISC	'		-1384593 Page 2
		of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			GRATEFUL PLATE	FEED YOUR SOUL		(add col. (a) through
4			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	238,306.	115,676.		353,982.
ш	2	Less: Contributions	124,714.	83,300.		208,014.
	3	Gross income (line 1 minus line 2)	113,592.	32,376.		145,968.
		Cash prizes	,	,		,
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	19,368.	5,013.		24,381.
irect E)	7	Food and beverages	24,731.	3,110.		27,841.
Ω	8	Entertainment	2,213.	3,100.		5,313.
	9	Other direct expenses		14,218.		16,708.
	10	Direct expense summary. Add lines 4 through	0: 1 (1)			74,243.
_	11	Net income summary. Subtract line 10 from li				71,725.
Pa	irt i		answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(b) Pull tabs/instant		(d) Total gaming (add
ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ä	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			rear?	Yes No
	_					
	_					

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 FEEDING AMERICA EASTERN WISCONSIN, INC.	-1384593	Page 3
11		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility		<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15.	Does the ergonization have a contract with a third party from whom the ergonization receives gaming revenue?	Yes	No No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	163	140
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	e If "Yes," enter name and address of the third party:		
	Name		
	Address		
	- Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year \$		
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
,			
(I)	NAME OF FUNDRAISER: TRUE SENSE MARKETING		
(I)	ADDRESS OF FUNDRAISER: 155 COMMERCE DRIVE, FREEDOM, PA 15042		
/			

Schedule G	G (Form 990)	FEEDING AMERICA EASTERN WISCONSIN, INC.	39-1384593	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)		<u> </u>
		(continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number 39-1384593
FEEDING AMERICA EASTERN WISCONSIN, INC.							
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assis							Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to E recipient that received more than \$	•			, ,	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OSKOSH AREA COMMUNITY PANTRY							
2551 JACKSON ST							
OSHKOSH, WI 54901			116,081.	0.			FOOD
,			,				
NEIGHBOR'S PLACE							
360 GRAND AVE STE 200							
WAUSAU, WI 54403			81,235.	0.			FOOD
NEW HMONG PROFESSIONAL 1444 E NORTHLAND AVE APPLETON, WI 54911	87-0901410	501(C)(3)	80,000.	0.			FOOD
			,				
FLO'ING WITH KINDNESS FOOD PANTRY PO BOX 132 GRESHAM, WI 54128			41,000.	0.			FOOD
GRIDINI, WI 34120			41,000.	0.			1 000
BRUCE SAVAGE 1032 SPIRIT LAKE ROAD SAYER, MN 55780			15,600.	0.			FOOD
NORTHWOODS ASSOCIATION OF REALTORS							
320 OAK STREET, SUITE B							
WOODRUFF, WI 54568			0.	12,275.		FOOD	FOOD
2 Enter total number of section 501(c)(3) ar	-						
3 Enter total number of other organizations	listed in the line 1	table					14.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SKENANDORE FARM LLC								
W1409 CULBERTSON RD.								
SEYMOUR, WI 54165			12,000.	0.			FOOD	
BRYAN BAINBRIDGE								
37900 BISHOP LOOP RD.								
BAYFIELD, WI 54814			11,500.	0.			FOOD	
DAN CORNELIUS								
2625 OAK LAWN RD.								
STOUGHTON, WI 53589			11,000.	0.			FOOD	
BE WELL FOX VALLEY								
1455 MIDWAY ROAD								
MENASHA, WI 54952			0.	7,989.		FOOD	FOOD	
SHALOM CENTER OF THE INTERFAITH								
4314 39TH AVE				T 06T		7007		
KENOSHA, WI 53144			0.	7,867.		FOOD	FOOD	
MSHKO'ODE FARM								
PO BOX 526								
BRUTUS, MI 49716	83-3053233		7,000.	0.			FOOD	
STERLING SCHREIBER								
N9136 BIG LAKE RD.								
GRESHAM, WI 54128			6,924.	0.			FOOD	
STOCKBRIDGE-MUNSEE COMMUNITY								
PO BOX 70								
BOWLER, WI 54416	39-1145449		5,776.	0.			FOOD	
·			,					
PROGRAM NEENAH/MENASHA BACKPACKS								
PO BOX 744				0 000		EOOD	EOOD	
NEENAH, WI 54957-0744			0.	9,003.		FOOD	FOOD	

Part III can be duplicated if additional space is needed.			T	T	I
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					FOOD DISTRIBUTED AT REDUCED OR
					NO COST TO QUALIFIED
					ORGANIZATIONS WHO DISTRIBUTE
FOOD	367	0.	67,148,723.	AVERAGE VALUE PER POUND	TO INDIVIDUALS
					FOOD DISTRIBUTED AT REDUCED OR
					NO COST TO QUALIFIED
					ORGANIZATIONS WHO DISTRIBUTE
FOOD	367	0.	2,564,578.	COST	TO INDIVIDUALS
					FOOD DISTRIBUTED AT REDUCED OR
					NO COST TO QUALIFIED
					ORGANIZATIONS WHO DISTRIBUTE
FOOD	367	0.	1,123,511.	COST	TO INDIVIDUALS
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
ALL PROGRAMS WHO RECEIVE GRANTS ARE MEEMBER AGENCE	ES OF FEEDING	AMERICA &			
ARE SUBJECT TO REQUIREMENTS DETERMINED BY FEEDING	AMERICA NATIO	NAL,			
THE HITTER DECEMB VERNING AND CIME VICING					
INCLUDING RECORD KEEPING AND SITE VISITS.					

SCHEDULE I, PART III, COLUMN (E)

THIS ESTIMATE (367) IS THE NUMBER OF PANTRIES SERVED. THE ESTIMATE OF

PERSONS/MEALS PROVIDED IS 2,653,472 AND IS BASED ON MONTHLY SERVICE

NUMBERS PROVIDED BY HANGER RELIEF PARTNERS AND FEEDING AMERICA EASTERN

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FEEDING AMERICA EASTERN WISCONSIN, INC.

Employer identification number 39-1384593

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	lal		i

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATRICIA M. HABECK	(i)	210,000.	0.	0.	3,879.	1,899.	215,778.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	FEEDING AMERICA EASTERN WISCONSIN, INC.								
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	on	(d) Method of dei noncash contribu		•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	600	66,619	,930.FAII	R MARKET VALUE	3		
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82				e			0	
	· ·		J		•			Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1	through 28	, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be	used for				
	exempt purposes for the entire holding period						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard co	ntributions?	?	31	х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell nor	ncash				
	contributions?		_	· ·			32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	for which column (a)	is checked,				
	describe in Part II.								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OMB No. 1545-0047

FEEDING AMERICA EASTERN WISCONSIN, INC.		39-1384593
FORM 990, PART VI, SECTION B, LINE 11B:		
THE CEO AND MEMBERS OF THE FINANCE COMMITTEE REVIEW FORM 990. THE	BOARD IS	
PROVIDED A COPY OF THE RETURN BEFORE FILING.		
FORM 990, PART VI, SECTION B, LINE 12C:		
BOARD MEMBERS & KEY EMPLOYEES MUST REGULARLY STATE IF THEY ARE ENG	AGED OR	
INTEND TO ENGAGE WITH ANY ENTITIES THAT WILL CREATE A CONFLICT OF	INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:		
EXECUTIVE BOARD REVIEWS PERFORMANCE AND APPROVES SALARY OF TOP OFF	ICIALS.	
FORM 990, PART VI, SECTION C, LINE 19:		
ORGANIZATION MAKES ALL INFORMATION AVAILABLE TO THE PUBLIC VIA THE	IR OWN	
WEBSITE AND UPON REQUEST.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN FAIR VALUE - FEEDING AMERICA EASTERN WISCONSIN		
FOUNDATION, INC.	145,443.	
CHANGE IN FAIR VALUE - GREATER MILWAUKEE FOUNDATION	592,093.	
TOTAL TO FORM 990, PART XI, LINE 9	737,536.	
FORM 990, PART XII, LINE 2C		
NO CHANGES HAVE BEEN MADE FROM THE PRIOR YEAR.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FEEDING AMERICA EAST	ERN WISCONSIN, INC.					39-1384593		
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes'	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea		Direct o	(f) controlline ntity	g
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, t	pecause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	1	(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
FEEDING AMERICA EASTERN WISCONSIN FOUNDATION	=						Yes	No
- 39-1808502, 1700 W. FOND DU LAC AVE, MILWAUKEE, WI 53205	AMERICA EASTERN WISCONSIN, INC.	WISCONSIN	501(C)(3)	LINE 12C, III-FI	N/A			х
	_							

		O
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
Part III	organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Share of end-of-year assets Yes No K-1		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	BI General of managing partner?	Percenta ping owners er?	tage ship			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
										Ш		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	lated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>/</i>			1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				_1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				_1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х
0	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1) ^E	EEDING AMERICA OF EASTERN WISCONSIN FOUNDATION, INC.	С	10,000.	CASH DONATION			
(2) ^E	EEDING AMERICA OF EASTERN WISCONSIN FOUNDATION, INC.	S	153,165.	CASH DONATION			
(3) ^E	EEDING AMERICA OF EASTERN WISCONSIN FOUNDATION, INC.	Q	10,000.	SERVICE AGREEMENT			
(4) ^E	EEDING AMERICA OF EASTERN WISCONSIN FOUNDATION, INC.	Q	10,000.	INVOICE OF EXPENSES BILLED			

<u>(5)</u>

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000